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## BIB DATA SHEET

CONFIRMATION NO. 2941

<b>SERIAL NUMBER</b> 10/516,434	<b>FILING or 371(c) DATE</b> 11/30/2004 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3773	<b>ATTORNEY DOCKET NO.</b> 2846		
<b>APPLICANTS</b> Joseph P. Orban III, Norwalk, CT; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/19516 06/19/2003 which claims benefit of 60/390,106 06/19/2002 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and / V Q Bui / Acknowledged Examiner's Signature		<input checked="" type="checkbox"/> Met after Allowance VB Initials	<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWINGS</b> 6	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> Covidien 60 Middletown Avenue North Haven, CT 06473 UNITED STATES						
<b>TITLE</b> Method and apparatus for anastomosis						
<b>FILING FEE RECEIVED</b> 950	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			